



# Youth of Tradition Registration

Name		Date of Birth	Gender	Shirt Size	Are you a :	Member Descendant
Name of School		Grade	Tribal Affiliation	Parent/Guardian Name and Relationship		
Parent/Guardian Full Address (include city, state, zip)			Parent/Guardian Email	Day Phone	Cell Phone	
Is it OK to text Parent/Guardian?		Yes	No			
Emergency Contact Name		Relationship		Phone Number		

The following person(s) have permission to pick up or drop off my child in my absence. I understand this form gives permission to the named individual(s) to pick up or drop off my child in my absence. I also understand that if I need someone other than the named individual(s) to pick up my child a Daily Permission form must be submitted to the program specialist.

Contact Name	Relationship	Phone	Contact Name	Relationship	Phone
Contact Name	Relationship	Phone	Contact Name	Relationship	Phone
Contact Name	Relationship	Phone	Contact Name	Relationship	Phone

## Medical Information

Does the student have medical insurance?	Yes No	Do we have permission to give over the counter medications to your child? (Insect repellent, sunscreen, lip-balm, etc.)	Yes No
Do we have permission to call emergency services if necessary?	Yes No	If emergency services are needed, which hospital do you prefer? McLaren Central Michigan MidMichigan Medical Center    Other: _____	

Healthcare Provider Name and Phone	Company Name and Policy Number
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Please describe any health (behavioral or physical) related issues, including allergies and list any medications currently being taken. (Snacks are provided during program)

Please tell us about your youth. (Hobbies, sports, personality, interests, family, etc.)

# Youth of Tradition Agreement

As a youth in the Youth of Tradition, \_\_\_\_\_ agree to the following:

- \* To participate in all activities and have a positive attitude
- \* To be safe and practice safety first at all times.
- \* To stay within eyesight of an adult at all times.
- \* To not leave the group.
- \* To do my best to represent the group and the Tribe in a positive manner.
- \* To use my words, not hands, other body parts or objects to resolve problems.
- \* To not use foul language or discuss inappropriate subjects.
- \* To help in any way that I can when asked.

\_\_\_\_\_  
**Youth Signature**

\_\_\_\_\_  
**Date**

By signing below, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By signing electronically, you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or in accessing or making any transaction regarding any agreement, acknowledgment, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and the Behavioral Health Department.

## Photograph/Video Release Form

I, \_\_\_\_\_ parent/guardian on \_\_\_\_\_  
**(Print Name)** **(Child's Name)**

do hereby agree that Behavioral Health Programs and its employees, and/or agents have the irrevocable right to use my child's name, picture, portrait, or photograph in all form and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, publications, promotion, or other lawful purposes. I waive any rights to inspect or approve the photograph(s) or video(s) or finished version(s) incorporating the photograph(s) or video(s), including written copy that may be created and appear in connection therewith.

I hereby release and agree to hold harmless Behavioral Health Programs and its employees and all persons acting under its permission or authority from any liability arising with respect to any works mentioned in the paragraph above. I agree that the photographer(s) own the copyright(s) in these photographs and hereby waive any claims I may have based on usage of the photograph(s), video(s) or work derived there from, including but not limited to claims of either invasion of privacy or libel. I agree that this release shall be binding on my legal representatives, my heirs, assigns, and me. I have read this release and am familiar with its contents. I further agree that I will not receive payment for participation in said photograph(s) and/or videotape(s) produced by Behavioral Health Programs, The Saginaw Chippewa Indian Tribe of Michigan and its agents.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

# Youth of Tradition Discipline Acknowledgment Form

**While in the Youth of Tradition, all students are required to sign the Youth of Tradition Agreement Form that states the following agreements:**

- To participate in all activities and have a positive attitude.
- To be safe and practice safety first at all times.
- To stay within eyesight of an adult at all times.
- To not leave the group.
- To do my best to represent the group and the Tribe in a positive manner.
- To use my words, not hands, other body parts or objects to resolve problems.
- To not use foul language or discuss inappropriate subjects.
- To help in any way that I can when asked.

**In the event a student violates the rules set forth in the Youth of Tradition, the Prevention Staff will respond with the following disciplinary action(s):**

► **First offense: Redirection**

The student's behavior will be redirected by the Prevention Staff and they will be reminded of the rules set forth in the Program Agreement. If the problem persists after multiple redirection attempts by the Prevention Staff, the student will proceed to the second offence warning.

► **Second Offense: Verbal Warning**

The student will be taken aside and spoken to about their behavior. If the problem persists the staff will proceed to the third offence warning.

► **Third Offense: Phone call to Parent**

If a student does not improve their behavior, or action(s), and continues to disrupt program activities, the Prevention Staff will call the student's parent/guardian and ask them to speak to their child to discuss their behavior. If the problem persists the student will proceed to the fourth offence warning.

► **Fourth Offense: Leave for the day**

If, after a third offense, the student still has not taken action(s) to improve their behavior, the Prevention Staff will ask the student to leave Program for the day.\*

*\* In the event a student is asked to leave, or has a fourth offense by the end of the day, they will not be able to attend the upcoming field trip. This is to ensure the safety of all students and staff while traveling, and encourage students to understand how their behavior affects the safety of the entire group. Students will need to speak with Prevention Staff and demonstrate they are able to meet program expectations, to be allowed to attend the upcoming field trip.*

*\*\* In the event there are certain behaviors observed on a consistent basis during program that a student may need help with (ie; swearing, hitting, leaving the Program without permission) the Prevention Staff may implement a Behavior Contract specific to that student. This is a written plan that will detail and document the expectations of the student and the Prevention Staff during Program to work on correcting the expressed behavior(s). These are used as a positive reinforcement intervention plan and are not to be viewed as a punishment tool.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



**Culture is Prevention**